

2010 Annual Report

Review of the

North Carolina Department of Correction
Division of Alcoholism and Chemical Dependency Programs
Division of Prisons – Health Services
Mental Health Section

General Statute 148-19(d)

Department of Health and Human Services
Division of Mental Health, Developmental Disabilities, and
Substance Abuse Services

TABLE OF CONTENTS

- I.** Introduction
- II.** Historical Overview of Mental Health, Developmental Disabilities and Substance Abuse (MH/DD/SA) Services in the Division of Prisons
- III.** Findings Related to Mental Health Services for Inmates
- IV.** Services for Inmates with Intellectual and Developmental Disabilities
- V.** Findings Related to Services for Inmates with Intellectual and Developmental Disabilities
- VI.** Findings Related to Substance Abuse Services for Inmates
- VII.** Review Process and Methodology
- VIII.** Future Challenges to Providing Services within the Division of Prison and Division of Alcohol Chemical Dependency Programs
- IX.** Recommendations for Improvements of MH/DD/SA Services within the Division of Prison and Division of Alcohol Chemical Dependency Programs
- X. Appendices**
 - Appendix A.** Level of Mental Health Services Grades
 - Appendix B.** Overview of Prison Facility Mental Health Grade(s) in North Carolina
 - Appendix C.** Quantitative Summary of Facilities Reviewed for Mental Health Services
 - Appendix D.** Quantitative Summary of Facilities Reviewed for Substance Abuse
 - Appendix E.** Quantitative Summary of Facilities Reviewed for Intellectual Developmental Disabilities

I. Introduction

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) through the Department of Health and Human Services (DHHS) is designated to monitor the implementation of The Commission for Mental Health, Developmental Disabilities and Substance Abuse Standards within the Department of Corrections (DOC). General Statute 148-19 (d) states “*The Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services shall adopt standards for the delivery of mental health and mental retardation services to inmates in the custody of the Department of Correction*”. The Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services shall give the Secretary of Correction an opportunity to review and comment on proposed standards prior to promulgation of such standards; however, final authority to determine such standards remains with the Commission. The Secretary of DHHS shall designate an agency or agencies within DHHS to monitor the implementation by DOC of these standards and of substance abuse standards adopted by DOC upon the advice of the Substance Abuse Advisory Council established pursuant to G.S. 143B-270. The Secretary of Health and Human Services shall send a written report on the progress which (DOC) has been made on the implementation of such standards to the Governor, the Lieutenant Governor, and the Speaker of the House. Such reports shall be made on an annual basis beginning January 1, 1978. In keeping with its statutory mandate, the Secretary of DHHS has delegated responsibility for monitoring to DMH/DD/SAS.

The vision of DHHS is for all North Carolina residents with mental health, developmental disabilities and substance abuse service needs to have prompt access to evidenced-based, culturally competent services in their community to support them in achieving their life goals. The mission of DMH/DD/SAS is to provide people in North Carolina with, or at risk of, mental illness, developmental disabilities and substance abuse problems and their families the necessary prevention, intervention, treatment, services and support they need to live successfully in their communities. Reviews of the mental health and developmental disability services provided within DOC were first conducted by DMH/DD/SAS in 1979. Later, the Commission adopted Standards for Substance Abuse Services. The Commission develops and maintains standards that enable rehabilitative programs to achieve accreditation.

II. Historical Overview of Mental Health, Developmental Disabilities and Substance Abuse Services in the Division of Prisons

The DOC has the responsibility for delivering comprehensive mental health, developmental disabilities and substance abuse services which provide for the care and treatment of inmates. Over the years, DOC has reshaped mental health, developmental disabilities and substance abuse services available to inmates. Mental health services were first provided for inmates in DOC in 1965; and the first mental health ward was established at Central Prison in 1973. The DOC’s stated mission for MH/DD/SAS is to deliver “multi-disciplinary services designed to prevent, control, reduce or eliminate

those conditions which contribute to the inmate's mental impairment." The DOC provides a comprehensive continuum of mental health services to include inpatient, residential, day treatment, and outpatient services. The following provides a description and brief overview of DOC comprehensive system of services:

- ***Inpatient Mental Health***

The DOC maintains a 144-bed comprehensive inpatient mental health facility for the treatment of male inmates with serious acute mental illnesses. This facility is an accredited 24-hour comprehensive care unit located at Central Prison in Raleigh, North Carolina. Services provided include psychotropic medications, individual and group psychotherapy, activity and rehabilitation therapy, and mental health nursing services.

- ***Residential Mental Health***

The DOC provides long-term residential mental health services for seriously chronic mentally ill inmates. Treatment and activity programming is similar to that provided at state psychiatric hospitals in the community and includes individual and group psychotherapy, psychotropic medications, activity therapies, mental illness education and relapse prevention training, and social skills training.

- ***Day Treatment Services***

The DOC provides day treatment services and structured programming for inmates with chronic, but less severe, mental illnesses, who do not require placement in a residential or inpatient mental health treatment facility. These day treatment programs focus on creating an understanding of the inmate's mental illness, the necessary methods for managing their illness, training of appropriate work, personal, and pro-social behavior, and combating the debilitating effects of chronic mental illness on thought process and the quality of life.

- ***Outpatient Treatment Services***

The DOC provides outpatient treatment services to over 30,000 inmates. Services range from simple evaluation and treatment of situational disorders to intensive management of serious and life-threatening mental illnesses. Treatment modalities include individual and group psychotherapy using a variety of theoretical systems, cognitive-behavioral therapies, psychotropic medication administration, psycho educational training programs, and relapse prevention programs.

- ***Services for Persons with Intellectual/Developmental Disabilities***

The DOC provides a range of service to inmates with intellectual/ developmental disabilities. Per the DOC rules, the term used is Developmental Disabilities, but the title here reflects current descriptive language used by the field. These services include interpreters for the deaf, specialized case management for inmates with intellectual disabilities, appliances for the physically handicapped, and communication devices for those with needs for them.

III. Findings Related to Mental Health Services for Inmates

Access to Services

Inmates gain access to MH/DD/SA services through several avenues. The need for MH/DD/SA services is identified during an inmate's initial medical screening at the Division of Prison Diagnostic Centers or after at any time during the period of incarceration by self-referral or a request from prison staff. For the inmates in crisis, once an inmate's mental disorder is stabilized and he is no longer dangerous to himself or others in the prison population, the inmate may be transferred back to his regular prison unit for outpatient treatment and follow-up. Some inmates requiring an intermediate level of inpatient care are transferred to a long-term residential mental health facility for the treatment. Inmates with a long-standing mental illness or an intellectual developmental disability who require frequent mental health intervention and programming but are able to function within the general prison population, may be transferred to a day training program similar to a sheltered workshop, or day treatment program in the community. Inmates who are deemed to be chronically mentally ill and who may pose a significant danger to society or to themselves but who have otherwise served their entire sentence, are referred for involuntary commitment to the state hospital system prior to the release into the community.

In addition to the general mental health treatment services, outpatient mental health staff at the correctional facilities perform diagnostic evaluations. These evaluations provide valuable information to the correctional facility's custody staff, and further simplify access to services.. This information is often used to determine an inmate's suitability for a change in custody status and/or the appropriateness of an admission to a more intense level of treatment.

In the 2010 surveys, 20 correctional facilities charged with providing mental health and substance abuse treatment services to inmates were reviewed. The chart, on the following page, list the compliance rating percentages for the correctional facilities reviewed and the mental health grade (M grade) assigned by the DOC. The mental health grade (M grade) denotes the intensity and level of mental health treatment available at a facility. The code or M Grade is designed to cluster inmates at facilities best able to manage their mental health needs.

Quantitative Summary of Facilities Reviewed for Mental Health Services			
Facility	M grade	Program	%
Alexander Correctional Institution	4	Residential	89.9
Alexander Correctional Institution	4	Outpatient	97.4%
Avery Mitchell Correctional Institution	3	Residential	97.9%
Brown Creek Correctional Institution	2	Outpatient	98.2%
Central Prison	2	Outpatient	94.8%
Greene Correctional Institution	3	Outpatient	99.3%
Harnett Correctional Institution	3	Outpatient	93.9%
Johnston Correctional Institution	3	Outpatient	89.5%
Maury Correctional Institution	4	Residential	100%
NCCIW Correctional Institution	5	Outpatient	94.1%
North Piedmont Correctional Institution	3	Outpatient	100%
Piedmont Correctional Institution	3	Outpatient	100%
Polk Correctional Institution	3	Outpatient	94.2%
Randolph Correctional Institution	3	Outpatient	96%
Swannanoa Correctional Institution	1	Outpatient	100%
Warren Correctional Institution	1	Outpatient	64.7%
Quantitative Summary of Facilities Reviewed for Substance Abuse Services			
NCCIW Correctional Institution	5	Outpatient	78.7%
Rutherford Correctional Institution	1	Outpatient	80.9%
Western Youth Outpatient	3	Outpatient	86.3%
Swannanoa Correctional Institution	1	Outpatient	86.8%

The compliance rating percentages provide feedback regarding each correctional facility in terms of measuring adherence to mental health and substance abuse treatment standards.. Additional data collected during the interview portion of the reviews provide information as to the strengths and weaknesses of the mental health (MH) programs and substance abuse programs.

See Appendix A for a chart that provides an explanation of the M Grades and Appendix B for an overview of the M Grade(s) of each facility in the state.

The mental health services within the Division of Prisons fall into one of the following five categories:

- crisis/emergency
- prevention
- outpatient
- residential
- inpatient services

Crisis and emergency services are provided to inmates by the DOC. Most facilities have crisis services protocols in order to effectively handle a mental health emergency. For instance, outpatient services assist with the management of inmates who are suicidal and/or those who exhibit self-injurious behavior. Programs offering this service are required to have at least one staff member who is available to respond to an emergency twenty-four hours a day, seven days a week.

Outpatient services range from assessment, evaluation and treatment of situational disorders to the intensive management of serious and life-threatening mental illnesses.

Treatment modalities include individual and group psychotherapy using a variety of theoretical systems, cognitive-behavioral therapies, psychotropic medication administration, psycho-educational training programs, and relapse prevention programs.

Residential services are provided at four facilities in the State. These facilities offer long-term services for inmates who have serious and chronic mental illnesses. Adult male felons are housed at the Maury and Alexander Correctional Facilities. Youth offenders are housed at Foothills, and female felon offenders reside at the North Carolina Correctional Institution for Women (NCCIW). Treatment and activity programming is analogous to services provided at state psychiatric hospitals and includes individual and group psychotherapy, psychotropic medications, activity therapy, substance abuse education, relapse prevention training, and social skills training. Inmates who make a satisfactory extended adjustment within the residential program but who continue to require frequent intervention may be transferred into a day treatment program. This day treatment program is for inmates with chronic and a less severe mental illnesses. Those inmates who make a full recovery or improved their levels of functioning may be transferred back to the original facility from which they were initially referred.

Inpatient services are provided for inmates who are acutely mentally ill. Male inmates are treated at Central Prison and female inmates are treated at NCCIW. Inpatient services include psychiatric and clinical services, psychotropic medications, individual and group psychotherapy, activity and rehabilitation therapy, and nursing services. Once an inmates' mental disorders are stabilized, they may be transferred back to their regular prison units for outpatient follow-up. Inmates requiring an intermediate level of inpatient care are transferred to a long-term residential facility. Some inmates with long-standing mental illness or an intellectual developmental disability, and who require frequent intervention and programming but are able to function within the general prison population, may be transferred to a day treatment program.

IV. Services for Inmates with Intellectual and Developmental Disabilities

Many inmates are in prison because of diminished judgment and reasoning abilities. In some cases these inmates may be persons with intellectual/developmental disabilities and may require continual monitoring of assignments and structuring of all daily activities. Treatment activities for these inmates include individual and group psychotherapy, psychotropic medication education and administration, and training in various work assignments to keep inmates active and productive.

Inmates with behavioral problems who are unable to function within regular units may be housed in the inpatient mental health unit at Central Prison. Female offenders with similar needs are housed in the inpatient mental health program at NCCIW. Aftercare plans are developed for those inmates who need assistance transitioning back into the community.

V. Findings Related to Services for Inmates with Intellectual and Developmental Disabilities

Of the approximately 300 mental health, developmental disabilities and substance abuse records reviewed in 2010, eight (8) percent of those were records of inmates with intellectual/developmental disabilities. The determination that an inmate meets the clinical criteria for intellectual/developmental disabilities involves a process which uses several screening tools. Initially, the Psychologist in the processing center completes the Form-DC 927, Evaluation Criteria for Persons with Intellectual/Developmental Disabilities (ID/DD). A Case Manager at the receiving facility completes the Form DC 532, Adaptive Behavioral Checklist (ABC) and the Social Worker completes the Form DC 925, the I/DD Assessment. The Assessment and the Form DC 542, I/DD Orientation, is completed within 30 days of admission to the facility. Based on staff interviews and reviews of the clinical records, the Review Team concluded that services for the intellectually/developmentally disabled are provided in compliance with MH/DD/SAS Standards.

VI. Findings Related to Substance Abuse Services for Inmates

In 1985, a North Carolina Legislative Research Commission reported that over 67% of criminal offenses were directly connected to alcohol and drug use and found that treating addiction was imperative since most offenders will eventually leave prison. For this reason, the Substance Abuse and Chemical Dependency Program (SACDP) was created by the Division of Alcoholism and Chemical Dependency Programs (DACDP). The Drug Alcohol Recovery Treatment (DART) program was formed in January of 1988 at Wayne Correctional Center. Since that time, the DART Program has provided an opportunity for offenders to engage in treatment and recovery.

The DACDP is one of four major divisions of the DOC. Its mission is to plan, administer and coordinate chemical dependency screening, assessment, intervention, treatment, aftercare and continuing care services for the department. The DACDP provides regular training and clinical supervision for clinical staff, encourages input from all staff as to program development, and is committed to activities aimed at leadership development for program and district management teams. The DACDP promotes programming that reflects “best practices” for intervention and treatment, as established by the National Institute on Drug Abuse (NIDA). These programs are based on proven Cognitive-Behavioral Interventions and are designed to challenge criminal thinking and confront the abuse and addiction processes as identified by program participants. In addition, the DACDP provides information and education on traditional recovery resources available to inmates both while in prison and upon return to the community.

In 2007, “A New Direction” (AND) curriculum was implemented by the DACDP substance abuse staff. This is a workbook driven program emphasizing identification of destructive thinking patterns and replacement with constructive recovery-driven thoughts and actions. The curriculum is a nationally recognized and standardized cognitive-

behavioral module designed specifically for male and female offenders. Since that time, the curriculums have extended to include other DACDP existing and new prison-based programs.

Treatment Assistants, formerly known as “Peer Counselors” are an integral part of the corrections-treatment design. Treatment Assistants have completed residential treatment, and have participated in the DACDP continuum of care program. After participating in the application process, Treatment Assistants attend an intensive ten week training program at the Peer Development Center at Wayne Correctional Center. The ten week training program is centered on the Treatment Assistant knowing and living three basic themes: (1) The Difference between Alcoholics Anonymous and Narcotics Anonymous and the Professional Field of Alcoholism & Chemical Dependency; (2) the DACDP Model; and (3) What Is & How To Be An Effective Role Model. These three themes encompass the dynamics that Treatment Assistants encounter on their jobs.

There are two community based residential treatment programs for probationers: DART Cherry for male probationers/parolees and the Black Mountain Substance Abuse Treatment Center for Women for female probationers/ parolees. The Black Mountain Substance Abuse Treatment Center for Women opened May 10, 2010. This fifty (50) bed facility is responsible for the delivery of substance abuse services to female probationers and parolees. The Black Mountain Substance Abuse Treatment Center for Women is a long awaited response to meeting the need for substance abuse treatment for female offenders. The Black Mountain Center offers a 90-day treatment program that offers group and individual therapy in addition to substance abuse education.

The other four treatment strategies established for male and female inmates within the DACDP prison facilities consist of brief intervention, intermediate and long term treatment and aftercare services. The DACDP Brief Treatment-48 program provides brief intensive chemical dependency intervention/treatment for offenders during their incarceration. A total of 48 hours of substance abuse services is provided to inmates in either three (3) or six (6) hour group sessions during a period of up to eight (8) weeks.

Within the DACDP, there are three types of long-term treatment programs: 1) state funded services ; 2) federally funded Residential Substance Abuse Treatment (RSAT); and 3) contractual private treatment facilities. Currently there are eight long term programs within the DACDP; five are state funded, two are contractual private facilities and one is a RSAT program. The long term programs within DACDP have an average length of stay ranging from 120 to 365 days. Each program is designed to treat the seriously addicted inmate. These programs target inmates whose substance abuse history is lengthy, severe and who have had multiple treatment episodes. Long- term treatment programs address substance abuse and criminal thinking issues during the treatment process. Treatment is scheduled at the end of the inmate’s sentence, usually within six to twelve months of their projected release. The RSAT long-term treatment programs replicate the Therapeutic Community (TC) model of substance abuse treatment within the correctional environment. The DOC has contractual agreements with two private facilities; Evergreen Rehabilitation Center (male) and Mary Frances Center (females).

These facilities provide long-term residential treatment to inmates entering the final six to twelve months of incarceration.

VII. Review Process and Methodology

A Review Team consisting of two reviewers from the Program Assurance Unit of the Accountability Team of DMH/DD/SAS are assigned the responsibility of reviewing MH/DD/SAS within DOC facilities. The current review process and methodology outlined by the Secretary of DHHS chose DMH/DD/SAS to monitor DOC delivery of mental health, developmental disabilities and substance abuse services to persons incarcerated and in need of treatment. Prior to visiting each correctional facility, a courtesy phone call is made to the facility to discuss the agenda for the upcoming review. This courtesy call is followed by a fax containing the agreed upon agenda for the audit. The audits are three pronged and include:

- a systematic review of twenty(20) randomly selected clinical records
- observation and tour of the interior and exterior grounds of the facility
- staff interviews

Written reports are completed following each site review. The reports contain audit findings for the applicable standards and a summary of findings. Once a compliance rating is calculated the reports are submitted to the Division of Prisons for follow up. Copies of the individual reports and other documents referenced in this report are available upon request.

In 2001, at the request of DOC Director of Mental Health Services, a decision was made to conduct reviews of inpatient and residential programs annually and to review outpatient services bi-annually. This process insures that all facilities are visited at least once every three years.

Beginning in 2004, at the request of the Assistant Secretary of the Division of Alcohol and Chemical Dependency Programs (DACDP), the Review Team from DMH/DD/SAS was asked to begin using standards established by the Commission on Accreditation of Rehabilitation Facilities (CARF) as guidelines for its review of substance abuse services. Screening, assessment and case planning are required components of a criminal justice-treatment program seeking compliance with the CARF standards. According to their mission statement, CARF promotes the quality, value, and optimal outcomes of rehabilitative services. In 2004, the Review Team from DHHS, in collaboration with the DACDP, developed a compliance review instrument based on the CARF standards. This instrument was used to review the DACDP substance abuse treatment programs located in correctional facilities throughout the State. In 2009, The Review Team collaborated with the DACDP to create a new monitoring tool. The monitoring tools' benchmarks were taken directly from the 2009 CARF Behavioral Health Standards Manual and used to measure the substance abuse treatment programs' compliance rating.

VIII. Future Challenges to Providing Services within the Division of Prisons and the Division of Alcohol Chemical Dependency Programs

1. Targeting the limited clinical resources available to provide effective mental health, intellectual/developmental disabilities and substance abuse treatment services to offenders.
2. Structuring a consistent response to the mental health, intellectual/ developmental disabilities and substance abuse treatment and housing needs of offenders returning to the community.
3. Blending person centered planning, person centered treatment, and person centered thinking as an therapeutic approach in the correctional treatment setting.
4. Tracking how current rules and regulations in the correctional treatment setting promote family involvement and family therapy.
5. Developing a strategy to provide needed services for the growing number of inmates entering the Department of Correction diagnosed with mental illness, intellectual disabilities and substance abuse services issues while at the same time facing a reduction of psychiatric and residential beds in the community.

IX. Recommendations for Improvements of MH/DD/SA Services within the Division of Prisons and Division of Alcohol Chemical Dependency Programs

1. The information collected concerning mental health/intellectual developmental disabilities and substance abuse services should include an analysis of the efficiency and effectiveness of clinical outcomes, and how the data can be used to improve the delivery of services. This should include the DOP and the DACDP sending an Annual Outcome Report to the Program Assurance Unit Reviewers.
2. The recommendation that additional staff training be provided to the DACDP staff in regards to the CARF standards, client rights, appeals and confidentiality policies and procedures should be mandated and enforced.
3. The cumulative mental health, intellectual disability and substance abuse treatment information should follow the offender from the earliest impact point throughout the system.

4. The continuing care plan should include joint planning to include prospective service providers with the community. Ideally, this planning should be done before the inmates leave custody and the current treatment.
5. The recommendation that the DACDP incorporate drug testing for offenders in both the institutions and the community setting as a part of the substance abuse treatment plan should be implemented.

Appendix A. Level of Mental Health Services Grades

The DOC has established a systematic means to standardize the type of service(s) and level of mental health treatment provided to inmates. As stated earlier, each facility is assigned a Mental Health Grade (M Grade), which determines the level of services the facility provides. The M Grades and definitions are explained in the chart below.

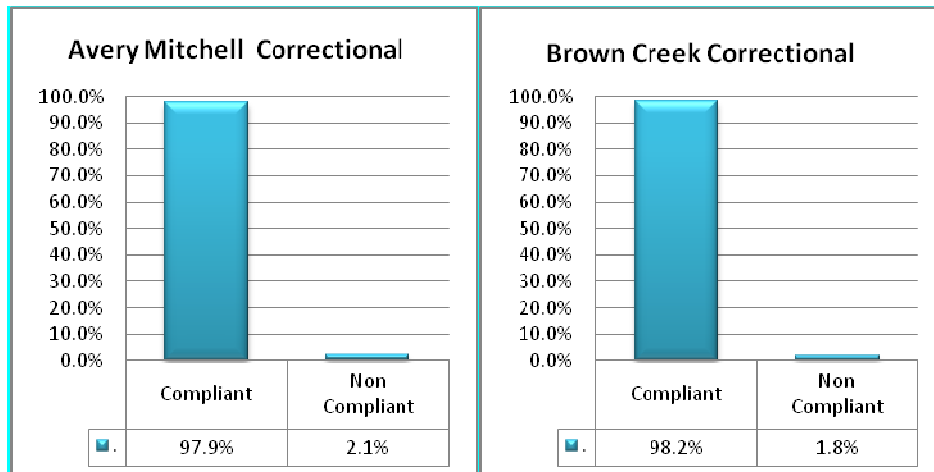
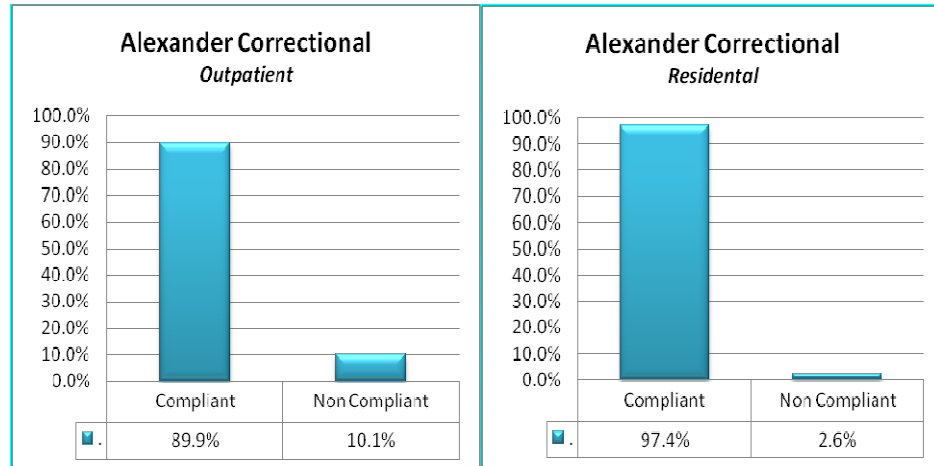
Mental Health Grades	
M Grade	Definition
1	No mental health treatment provided; inmates needing mental health services are transferred to a M2, M3, M4 or M5 facility, as appropriate.
2	Only outpatient treatment provided for mild mental illnesses by a psychologist or clinical social worker.
3	Only outpatient treatment provided for mild mental illnesses by a psychologist or clinical social worker; no limitations on work assignment.
4	Residential treatment is provided; for more serious mental illnesses or substance abuse issues by a part-time Psychiatrist is available on site to treat inmates. Inmates may be transferred from other correctional facilities due to major changes in their mental health status and the level of mental health treatment needed.
5	Inpatient treatment is provided for the most serious and persistent mental illnesses by a full time Psychiatrist available on site to treat inmates.. Inmates may be transferred from other correctional facilities due to major changes in their mental health status and the level of mental health treatment needed.

Appendix B - Overview of Prison Facility Mental Health Grade(s) in North Carolina

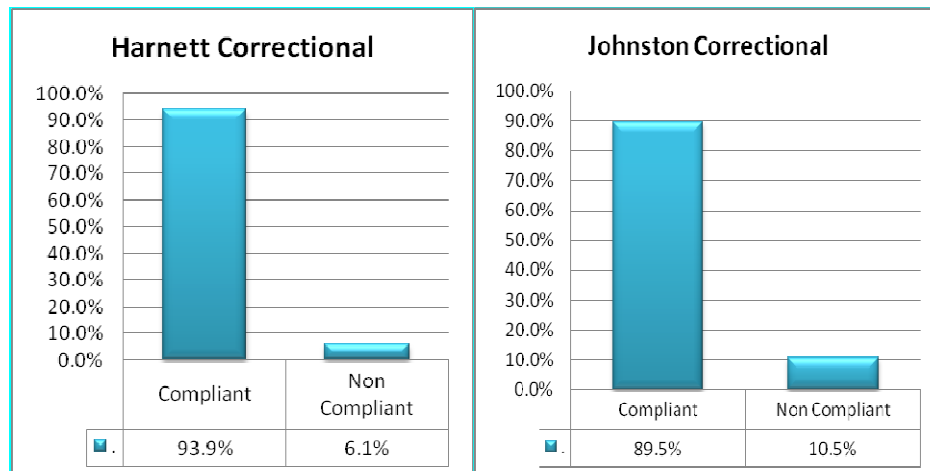
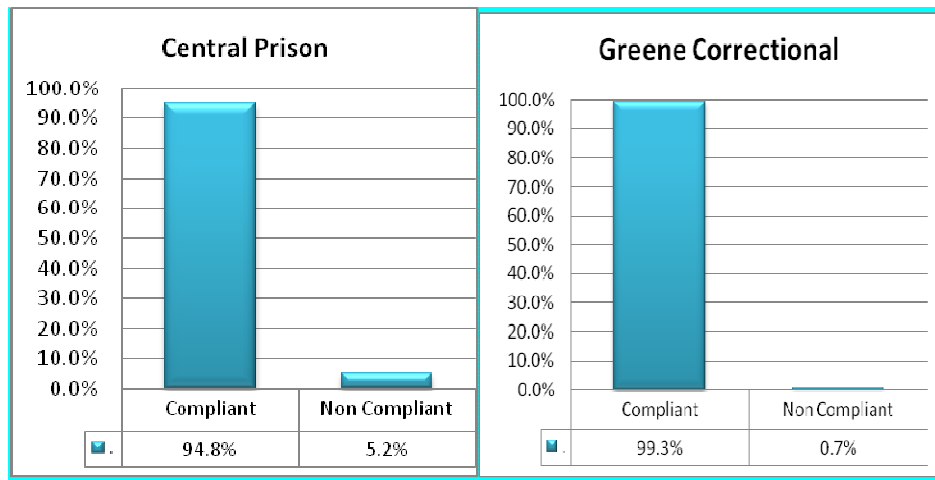
Facility M Grades by Region		
M Grade	Region	Facility
1	Central	Bladen Correctional Center
1	Central	Columbus Correctional Institution
1	Central	Durham Correctional Center
1	Central	Franklin Correctional Center
1	Central	Guilford Correctional Center
1	Central	Orange Correctional Center
1	Central	Sampson Correctional Institution
1	Central	Sanford Correctional Center
1	Central	Southern Minimum Unit
1	Central	Umstead Correctional Center
1	Central	Warren Minimum Unit
1	Eastern	Carteret Correctional Center
1	Eastern	Gates Correctional Center
1	Eastern	Hyde Correctional Center
1	Eastern	Pamlico Correctional Institution
1	Eastern	Pasquotank Correctional Institution
1	Eastern	Tyrrell Prison Work Farm
1	Eastern	Wayne Correctional Center
1	Eastern	Wilmington Residential Facility for Women
1	Western	Anson Correctional Center
1	Western	Buncombe Correctional Center
1	Western	Cabarrus Correctional Center
1	Western	Caldwell Correctional Center
1	Western	Catawba Correctional Center
1	Western	Charlotte Correctional Center
1	Western	Cleveland Correctional Center
1	Western	Davidson Correctional Center
1	Western	Forsyth Correctional Center
1	Western	Gaston Correctional Center
1	Western	Haywood Correctional Center
1	Western	Lincoln Correctional Center
1	Western	Rutherford Correctional Center
1	Western	Union Correctional Center
1	Western	Wilkes Correctional Center
2	Central	Caswell Correctional Center
2	Central	Dan River Prison Work Farm
2	Central	Hoke Correctional Institution
2	Central	Morrison Correctional Institution
2	Central	Robeson Correctional Center
2	Central	Scotland Correctional Institution
2	Central	Wake Correctional Center

Facility M Grades by Region, cont.		
M Grade	Region	Facility
2	Eastern	Caledonia Correctional Institution
2	Eastern	Odom Correctional Institution
2	Eastern	Pasquotank Correctional Institution
2	Eastern	Tillery Correctional Center
2	Western	Albemarle Correctional Institution
2	Western	Black Mountain Correctional Center for Women
2	Western	Brown Creek Correctional Institution
2	Western	Craggy Correctional Center
2	Western	Marion Correctional Institution
2	Western	Rowan Correctional Center
3	Central	Correctional Center for Women
3	Central	Harnett Correctional Institution
3	Central	Lumberton Correctional Institution
3	Central	McCain Correctional Hospital
3	Central	Polk Correctional Institution
3	Central	Raleigh Correctional Center for Women
3	Central	Randolph Correctional Center
3	Central	Southern Correctional Institution
3	Central	Warren Correctional Institution
3	Eastern	Craven Correctional Institution
3	Eastern	Duplin Correctional Center
3	Eastern	Fountain Correctional Center for Women
3	Eastern	Greene Correctional Institution
3	Eastern	Johnston Correctional Institution
3	Eastern	Nash Correctional Institution
3	Eastern	Neuse Correctional Institution
3	Eastern	New Hanover Correctional Center
3	Eastern	Pender Correctional Institution
3	Western	Avery-Mitchell Correctional Institution
3	Western	Correctional Center for Women
3	Western	Foothills Correctional Institution
3	Western	Lanesboro Correctional Institution
3	Western	Mountain View Correctional Institution
3	Western	North Piedmont Correctional Center for Women
3	Western	Piedmont Correctional Institution
3	Western	Western Youth Institution
4	Eastern	Maury Correctional Institution
4	Western	Alexander Correctional Institution
5	Central	Central Prison
5	Central	North Carolina Correctional Institution for Women

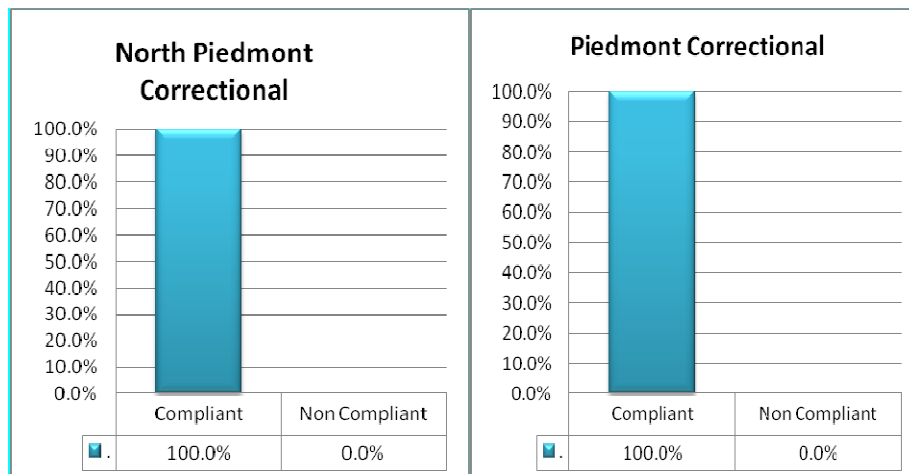
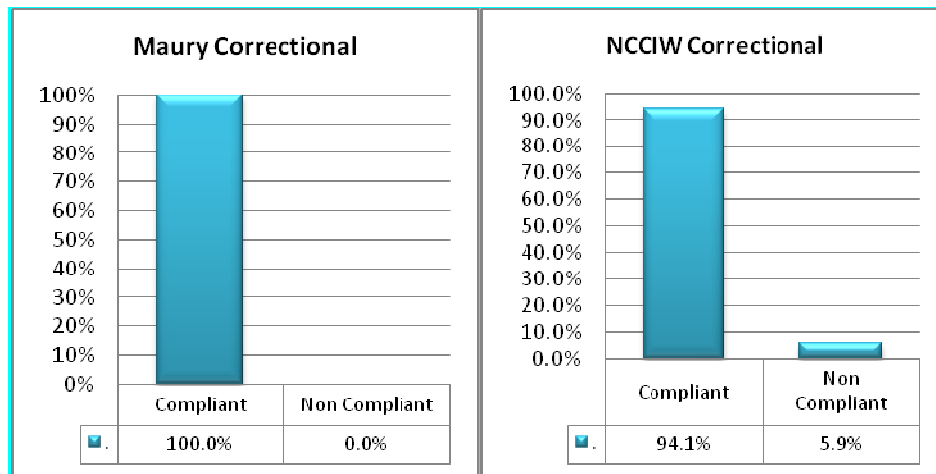
Appendix C- Quantitative Summary of Facilities Reviewed for Mental Health Services



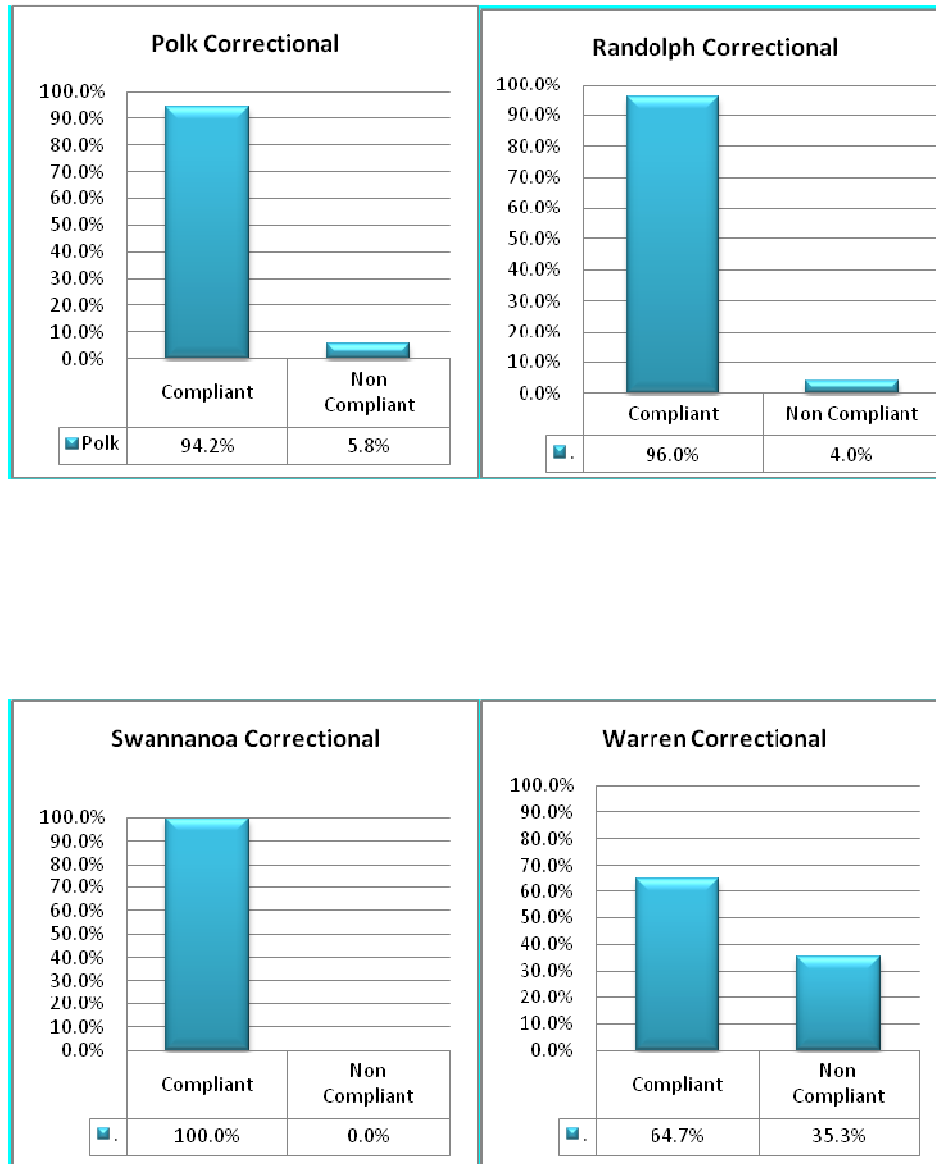
Appendix C- Quantitative Summary of Facilities Reviewed for Mental Health Services



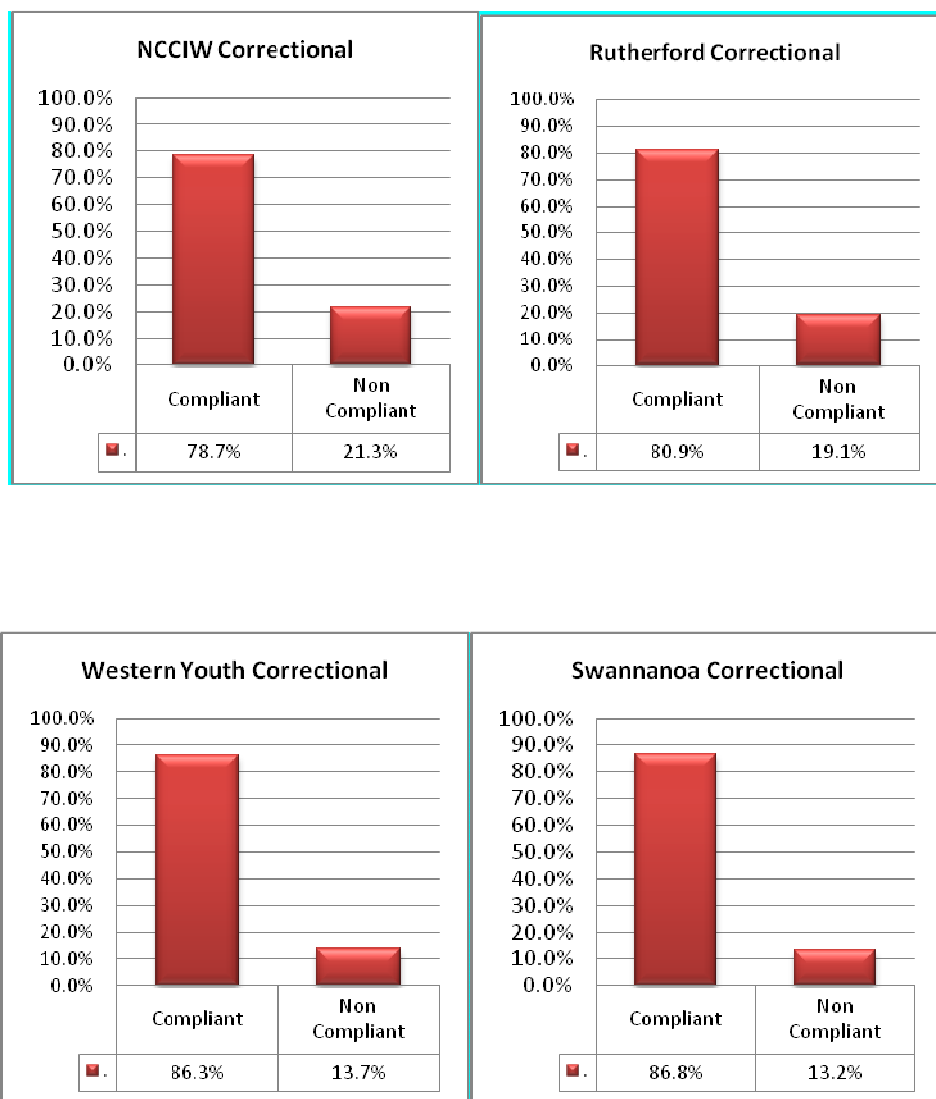
Appendix C- Quantitative Summary of Facilities Reviewed for Mental Health Services



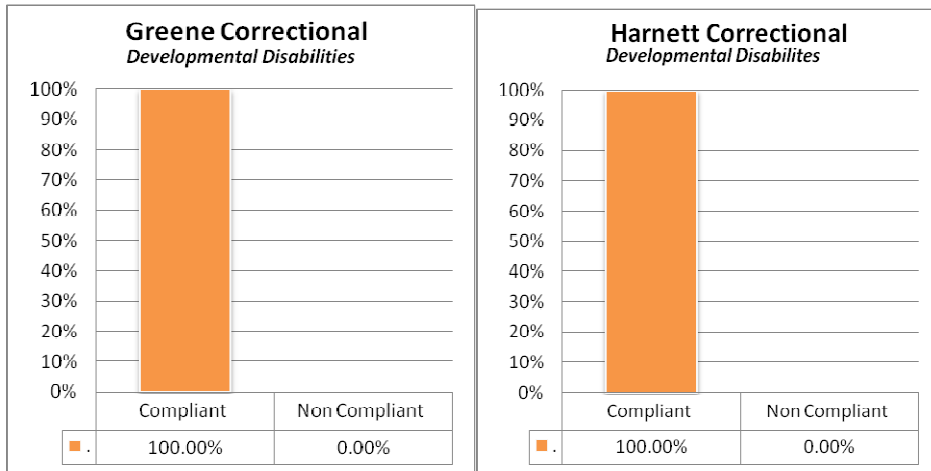
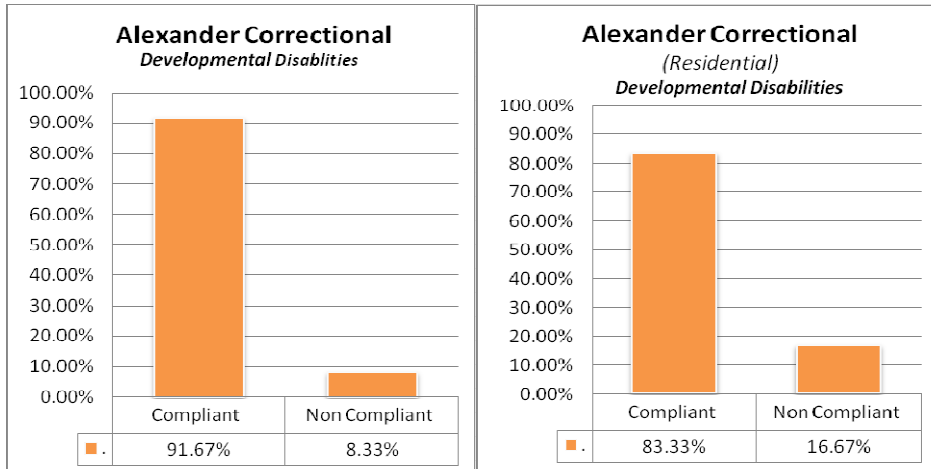
Appendix C- Quantitative Summary of Facilities Reviewed for Mental Health Services



Appendix D- Quantitative Summary of Facilities Reviewed for Substance Abuse



Appendix E- Quantitative Summary of Facilities Reviewed for Intellectual Developmental Disabilities



Appendix E- Quantitative Summary of Facilities Reviewed for Intellectual Developmental Disabilities

